

**RATES OF REIMBURSEMENT FOR  
NON-RESIDENTIAL, EXCLUDING TRANSPORTATION,  
MISCELLANEOUS AND SUPPORTED LIVING SERVICES**

<b>Service Code</b>	<b>Service Description</b>	<b>Basis for Rate</b>
<b>605</b>	Adaptive Skills Trainer	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>855</b>	Adult Day Care	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>691</b>	Art Therapist	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>610</b>	Attorney	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>612</b>	Behavior Analyst	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>615</b>	Behavior Management Assistant	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate), not to exceed the rate of reimbursement for the licensed professional with whom the Behavior Management Assistant is registered.
<b>620</b>	Behavior Management Consultant	Based on the method of reimbursement established for an individual with the same licensed classification.
<b>850</b>	Camping Services	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>851</b>	Child Day Care	Usual & Customary or Negotiated rate. (Negotiated if vendor has no Usual & Customary rate.)
<b>625</b>	Counseling Services	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>692</b>	Dance Therapist	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>405</b>	Day Care—Family Member (Voucher)	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).

<b>670</b>	Developmental Specialist	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>410</b>	Diaper and Nutritional Supplements— Family Member (Voucher)	Supplier's Usual and Customary Rate.
<b>627</b>	Diaper Service	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>720</b>	Dietary Services	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>630</b>	Driver Training	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>672</b>	Educational Psychologist	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>800</b>	Genetic Counselor	Reimbursed according to the Medi-Cal Schedule of Maximum Allowances (SMA), if applicable. If not, vendor shall be reimbursed at their Usual and Customary (U&C) Rate or, if no U&C exists, at a rate negotiated with the regional center.
<b>858</b>	Homemaker	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>860</b>	Homemaker Service	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>635</b>	Independent Living Specialist	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>810</b>	Infant Development Specialist	Reimbursed according to the Medi-Cal Schedule of Maximum Allowances (SMA), if applicable. If not, vendor shall be reimbursed at their Usual and Customary (U&C) Rate or, if no U&C exists, at a rate negotiated with the regional center.
<b>864</b>	In-Home Respite Worker	Rate not to exceed \$8.57 per hour, including fringe benefits. See Title 17, Section 58140 if family has more than one consumer in home authorized to receive respite services.
<b>642</b>	Interpreter	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>742</b>	Licensed Vocational Nurse	Reimbursed in accordance with the Schedule of

		Maximum Allowances (SMA) for Home and Community-Based Services, In-Home Medical Care Waiver Program.
<b>645</b>	Mobility Training Services Agency	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>650</b>	Mobility Training Services Specialist	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>693</b>	Music Therapist	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>743</b>	Nurse's Aide or Assistant	Reimbursed in accordance with the Schedule of Maximum Allowances (SMA) for Home and Community-Based Services, In-Home Medical Care Waiver Program.
<b>415</b>	Nursing Service—Family Member (Voucher)	Reimbursed in accordance with the Schedule of Maximum Allowances (SMA) for Home and Community-Based Services, In-Home Medical Care Waiver Program.
<b>868</b>	Out-of-Home Respite Services	<ul style="list-style-type: none"> <li>•Day care homes providing out-of-home respite services shall be reimbursed at the Usual &amp; Customary or Negotiated rate (Negotiated if vendor has no Usual &amp; Customary rate).</li> <li>•Licensed residential facilities providing out-of-home respite services for whom the Dept. of Social Services or the Dept. of Health Services have set a rate shall be reimbursed at the rate established by that department.</li> <li>•Licensed residential facilities providing out-of-home respite services for whom the Dept. of Social Services has not established a rate shall be reimbursed at 1/21 of the rate established by the regional center.</li> </ul>
<b>655</b>	Out-of-State Manufacturer or Distributor	<ul style="list-style-type: none"> <li>•Products reimbursable under the Medi-Cal program shall be reimbursed at the Schedule of Maximum Allowances (SMA).</li> <li>•All other products shall be reimbursed at the vendor's Usual and Customary rate.</li> </ul>
<b>790</b>	Psychiatric Technician	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>694</b>	Recreational Therapist	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>744</b>	Registered Nurse	Reimbursed in accordance with the Schedule of

		Maximum Allowances (SMA) for Home and Community-Based Services, In-Home Medical Care Waiver Program.
<b>869</b>	Respite Facility	Either 1/21 of the established approved monthly rate or the agreed-upon level of payment for a service contract negotiated pursuant to Title 17, Section 57540(b) through (f), not to exceed \$8.57 per hour, including benefits.
<b>420</b>	Respite Services—Family Member	Reimbursement shall not exceed \$8.57 per hour, including benefits.
<b>660</b>	Retail/Wholesale Stores	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>896</b>	Supported Living Service	Negotiated with regional center.
<b>894</b>	Supported Living Service Vendor Administration	Negotiated with regional center.
<b>674</b>	Teacher	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>678</b>	Teacher of Special Education	Usual & Customary or Negotiated rate. (Negotiated if vendor has no Usual & Customary rate.)
<b>676</b>	Teacher's Aide	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>643</b>	Translator	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>680</b>	Tutor	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
<b>Multiple</b>	Miscellaneous Services	<ul style="list-style-type: none"> <li>• The Schedule of Maximum Allowances (SMA)</li> <li>• The vendor's Usual and Customary rate if the SMA does not apply.</li> <li>• A Negotiated rate if the vendor does not have an established Usual and Customary rate and the SMA does not apply.</li> </ul>